Lonza

I031428

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs (7504P)
U.S. EPA, Room S4900
One Potomac Yard
2777 S. Crystal Drive
Arlington, VA 22202

Attention: 6(a)(2) Dept.

Lonza Inc.
90 Boroline Road
Allendale, NJ 07401, USA

Mike Leonard
Product Safety Specialist
Regulatory Compliance - Americas
Phone: (423) 780-2972
Fax: (423) 780-2999
Mike.leonard@lonza.com

September 13, 2018

Submission of Incident Report – FIFRA 6(a)(2) H-C (Moderate Human)

Dear 6(a)(2) Dept,

This letter is being submitted pursuant to Section 6(a)(2) of the Federal Insecticide, Fungicide, and Rodenticide Act effective August 17, 1998.

The following incident reports are included in this submission:

Ticket Number	EPA Reg. No.
N/A	62190-34
297557	1258-1346
297600	1258-1287
2271974	47371-129-1677
2267878	6836-266-5389

All incidents are U.S. Based.

If you have any questions, please call me at 423-780-2972.

Best regards
Lonza Inc

Mike Leonard
Product Safety Specialist
Regulatory Compliance - Americas

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Reporter Name: April Hines **Submission Date:** 9/10/18 **Contact person:** Cy Wright

Address: 1579 Koppers Road Conley, GA 30288 **Address:** 1579 Koppers Road Conley, GA 30288

Phone# 404-279-6954 **Phone#** 404-279-6841

Incident Status: New

Location and Date of Incident: Conley, Dekalb GA-August 15, 2018

Date registrant became aware of incident: 8/20/2018

Was Incident Part of a Large Study: No

EPA Registration # (Product 1) 62190-34

A .I. (s): 29% Ammonium Hydroxide

Product 1 Name: Chemonite ACZA

Exposed to a concentrate prior to dilution? Yes

Formulation: liquid

Evidence label directions were not followed? No; no intentional misuse

Incident Site: Industrial

Situation (act of using product): Chemical Operator was exposed to 29% ammonia vapor when placing funnel in open manway for raw material addition to vessel. He was in the process of making ACZA concentrate.

Applicator certified PCO? No

How exposed: Lifing a chute over the manway, the operator hit his respirator causing the ammonia vapors to get inside the mask. He pulled the respirator off while in the midst of strong vapors.

Brief description of incident circumstances: At approximately 9:05 PM on 15th August 2018, an employee was injured after being exposed to 29% ammonia vapor while in the process of making an ACZA batch. He hit his respirator causing the vapors to get inside his mask. He pulled of the respirator while in the midst of strong vapors and was unable to catch his breath. He experienced a nosebleed and starting vomiting soon after. He was given oxygen by a trained Lonza first responder and sent to the occupational physician for evaluation. He received medical treatment for respiratory tract inflammation and pain. He was put on restricted work for 14 days- released back to normal duties on 8/30/18.

Demographic Information:

Age: **Sex:** Male **Occupation:** Chemical Operator

Exposure Route: Inhalation

Was adverse effect result of suicide/homicide or attempted suicide/homicide? No

Was protective clothing worn (specify)? Work uniform, chemical resistant boots, chemical resistant gloves, hard hat, full- face respirator.

Was exposure occupational? Yes **if yes, days lost due to illness:** Restricted duty; 14 days

Time between exposure and onset of symptoms: < 5 minutes

Type of medical care sought: Occupational physician

List signs/symptoms/adverse effects: Nosebleed, vomiting, could not catch breath, inability to speak loudly—exposure resulted in respiratory tract inflammation and pain, given steroid shot and pain shot at urgent care. Sent home with Rx meds for pain and inflammation.

If lab tests were performed, list test names and results (If available submit reports) N/A

Exposure data:

Amount of pesticide: In the process of making ACZA. 23,000lbs of 29% ammonia had been added to the reactor prior to exposure

Exposure duration: less than a minute

Victim weight: unknown

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Case: 00297557

Case Information

Case Number	00297557	Case Owner	James Thompson
Case Record Type	LEAN	Incident date	8/25/2018
Person Account	[redacted]	Case Origin	Helpline
Account Name		Case Origin Details	
Weather History		Status	Closed
Question of the week	Do you have a cover for your pool or spa?		
Answer	N/A		

Description Information

Subject	Inhalation
Description	Caller opened a bucket of hth® Ultimate Mineral Brilliance Chlorinating Granules on Wednesday and is now (Sat.) having breathing issues.
Resolution	I told her that per the SDS she can contact poison control or a doctor for further advice. I gave her the number for poison control and told her to keep the product name and the LEAN number in case the medical personnel need additional information.

Call Data

Case Type	First Aid/ Human	Send Email	☐
Business	Water Care	Channel	
Pre dissolve /Pre mix	N/A	Priority	Normal
Immediate Actions	Notified Affected Parties	Lot Number	N/A
SDS Sent By	N/A	SKU Number	None
		Risk Assessment	N/A

Optional

Notify CCC Risk Assessment Team	☐	Promo Gift Sent	☐

Medical

Number Hospitalised	0	Number of first aids	1
Number of Injuries	0	Nature of Injuries	Inhalation

Hospital

Personal privacy information

Hospital Name		Country	
Hospital Street		Postal Code	
Hospital Street 2		Phone Number	
City		Phone Number 2	
Hospital State		Fax	

Doctor

Doctor Name		Country	
Doctor Street		Postal Code	
Doctor Street 2		Phone Number	
City		Phone Number 2	
Doctor State		Fax	
Lonza Physician	No		

Distribution Incident Information

Location of Incident		City of Incident	
Carrier		State of Incident	
PRO Number		Country	
BOL#		Origin	
Business Site		Destination	
Proper Shipping Name		Capacity	
Regulated Product		Approximate Quantity	
Packaging		Incident Cause	
Small Package		Responsible Party	
Hazardous Release		Release	

System Information

Created By	James Thompson, 8/25/2018 12:38 PM	Last Modified By	James Thompson, 8/25/2018 12:38 PM
Contact Name			

Case Products

281302

Customer Care Product Name	**HTH Ultimate Mineral Brilliance Chlorinating Granules**
Brand	**HTH**
Class	**Problem**
Comments	

Case History

8/25/2018 12:38 PM

User **James Thompson**

Action **Changed Status from New to Closed. Closed.**

8/25/2018 12:38 PM

User **James Thompson**
Action **Created.**

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Case: 00297600

Case Information

Case Number	00297600	Case Owner	Teresa Tallent
Case Record Type	LEAN	Incident date	8/25/2018
Person Account	[redacted]	Case Origin	Helpline
Account Name		Case Origin Details	
Weather History		Status	Closed
Question of the week	Do you have a cover for your pool or spa?		
Answer	N/A		

Description Information

Subject	HTH Super Algae Guard 60
Description	Caller was applying the product to her pool yesterday when some blew back on her face and hands. She states she rinsed her face and hands for 20 minutes or more and everything seemed fine. This morning she had blisters on her face and they seem to be getting larger. She was calling for advice on how to treat.
Resolution	I advised her per the SDS that upon exposure to skin it is recommended that she rinse are for 15-20 minutes under running water. I advised she should then call poison control or seek medical assistance from a doctor, I advised since it had been almost 24 hours that she should seek medical attention and take the product or a photo of the product with her that had the number in case the doctor wanted to contact us for more information.

Call Data

Case Type	First Aid/ Human	Send Email	✓
Business	Minor First Aid - Water	Channel	
Pre dissolve /Pre mix	N/A	Priority	Normal
Immediate Actions	Notified Affected Parties	Lot Number	N/A
SDS Sent By	N/A	SKU Number	N/A
		Risk Assessment	N/A

Optional

Notify CCC Risk Assessment Team	☐	Promo Gift Sent	☐

Medical

Number Hospitalised	0	Number of first aids	1
Number of Injuries	0	Nature of Injuries	Skin

Hospital

Hospital Name		Country	
Hospital Street		Postal Code	
Hospital Street 2		Phone Number	
City		Phone Number 2	
Hospital State		Fax	

Doctor

Doctor Name		Country	
Doctor Street		Postal Code	
Doctor Street 2		Phone Number	
City		Phone Number 2	
Doctor State		Fax	
Lonza Physician	No		

Distribution Incident Information

Location of Incident		City of Incident	
Carrier		State of Incident	
PRO Number		Country	
BOL#		Origin	
Business Site		Destination	
Proper Shipping Name		Capacity	
Regulated Product		Approximate Quantity	
Packaging		Incident Cause	
Small Package		Responsible Party	
Hazardous Release		Release	

System Information

Created By	Teresa Tallent, 8/25/2018 6:56 PM	Last Modified By	Teresa Tallent, 8/25/2018 6:56 PM
Contact Name			

Case Products

281345

Customer Care Product Name	**HTH Super Algae Guard 60**
Brand	**HTH**
Class	**Problem**
Comments	

Case History

8/25/2018 6:56 PM

User **Teresa Tallent**
Action **Changed Send Email from false to true. Changed Status from New to Closed. Closed.**

8/25/2018 6:56 PM

User **Teresa Tallent**
Action **Created.**

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Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name ***Kashaun Lawson***	Submission date.	Contact person (if different than reporter)	Internal ID *2271974*
	Address *NY* *USA*		Address	
	Phone # *(347) 893-3347*		Phone #	
	Incident Status: *New*	Location and date of incident *NY* *USA* *06/16/2018*	Date registrant became aware of incident. *07/16/2018*	Was incident part of larger study? *No*

Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) *47371-129-1677*	EPA Registration # (Product 2)	EPA Registration # (Product 3)
	A.I. (s) ***Alkyl (60%C14, 25%C12, 15%C16) dimethylbenzyl ammonium chloride, Didecyl dimethyl ammonium chloride***	A.I. (s)	A.I. (s)
	Product 1 name ***NEUTRAL DISINFECTANT CLEANER***	Product 2 Name	Product 3 Name
	Exposed to concentrate prior to dilution? ***Yes***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?
	Formulation ***Liquid***	Formulation	Formulation

Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Workplace***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***
	Applicator certified? ***UNK***		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***		

Brief description of incident circumstances.

Jul 16 2018 10:42AM
14541 6114541

Hx: Caller states that on 6/13/18, she had the undiluted product in a bucket to use with a mop (she gets the product from a dispenser, but the dispenser does not dilute the product). When she rang out the mop, the product splashed onto her entire face, but not in her eyes or mouth. She briefly rinsed her face with water. Her face felt irritated later that day.
The next day, she found blisters on her face. She visited ER that day. MD called poison control, who apparently told her that the product was not dangerous, and gave caller ibuprofen. Sx have not improved. She later visited a dermatologist and urgent care, both of whom said that her face was 'burned' and irritated (did not specify a degree of burn). MD advised her to use rosemary water and Aquafor. Caller states that her face currently looks like it has cigarette burns on it.
Caller wishes to know if the ER doctor treated her correctly.

A: The concentrated product is corrosive and can cause burns. Typically, the first course of action with a skin exposure is to rinse for 15-20 min. Agree with seeking f/u. Recommend also speaking to supervisor, as such products are normally diluted for use. Have MD call and refer to case# if further assistance is needed.
May we have your consent for follow-up to be completed with you in the future should any additional questions arise? May we leave a voicemail message if you are not able to answer our follow-up call?
Consumer gave consent as per above.
Attempted CB, no answer. Left message with case#, CB phone#, and request for f/u.
* * * * * * * * * * * * * * * * * * *

Jul 16 2018 5:06PM
Client notified
* * * * * * * * * * * * * * * * * * *

Jul 23 2018 3:49PM
Attempted CB to the consumer. She reports she is driving to the ED now and cannot talk. Reset.
* * * * * * * * * * * * * * * * * * *

Jul 24 2018 9:11AM
Attempted cb. LMOM w/cb info.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: ***21 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***Not specified***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***No***	Was exposure occupational? ***Yes*** If yes, days lost due to illness: ***Not specified***	Time between exposure and onset of symptoms: ***Sporadic onset of multiple symptoms***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER, Urgent Care or Emergent DVM***	List signs/symptoms/adverse effects ***Dermatological-Bullae/Blisters*** ***Dermatological-Dermal irritation/Pain*** ***Dermatological-Skin ulceration***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
2271974

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

<table>
<tr><td rowspan="4">Row 1

Administrative Data</td><td colspan="2">Reporter Name
Brandy Merson</td><td>Submission date.</td><td colspan="2">Contact person (if different than reporter)</td><td>Internal ID
2267878</td></tr>
<tr><td colspan="3">Address

Hanover, PA 17331
USA</td><td colspan="3">Address</td></tr>
<tr><td colspan="3">Phone # (717) 698-9051</td><td colspan="3">Phone #</td></tr>
<tr><td>Incident Status:
New</td><td colspan="2">Location and date of incident
Hanover, PA
USA
07/09/2018</td><td>Date registrant became aware of incident.
07/09/2018</td><td colspan="2">Was incident part of larger study?
No</td></tr>
<tr><td rowspan="5">Row 2

Pesticide(s) Involved</td><td colspan="2">EPA Registration # (Product 1)
6836-266-5389</td><td colspan="2">EPA Registration # (Product 2)</td><td colspan="2">EPA Registration # (Product 3)</td></tr>
<tr><td colspan="2">A.I. (s)</td><td colspan="2">A.I. (s)</td><td colspan="2">A.I. (s)</td></tr>
<tr><td colspan="2">Product 1 name
KAYQUAT II</td><td colspan="2">Product 2 Name</td><td colspan="2">Product 3 Name</td></tr>
<tr><td colspan="2">Exposed to concentrate prior to dilution? No</td><td colspan="2">Exposed to concentrate prior to dilution?</td><td colspan="2">Exposed to concentrate prior to dilution?</td></tr>
<tr><td colspan="2">Formulation Liquid</td><td colspan="2">Formulation</td><td colspan="2">Formulation</td></tr>
<tr><td rowspan="3">Row 3

Incident Circumstances</td><td>Evidence label directions were not followed? No
Intentional misuse?
No</td><td colspan="2" rowspan="2">Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)).
Workplace</td><td colspan="3" rowspan="2">Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating).
See Incident Description Notes</td></tr>
<tr><td>Applicator certified?
UNK</td></tr>
<tr><td>How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)
See Incident Description Notes</td><td colspan="5"></td></tr>
</table>

Brief description of incident circumstances.

Jul 9 2018 1:31PM
Hx: 10 minutes ago call had a large amount of this product spill in her right eye when the line popped off the bag. She flushed with water for 3- 4 minutes approximately. She has eye irritation, redness, cloudy vision, mucous discharge and swelling on the area around the eye.

A: This product is corrosive and can cause eye damage. We recommend you immediately rinse for 20 minutes and use a cool compress to rest your eyes while someone drives you right to the ER after rinsing. Do not use any eye drops. Please bring the product packaging with you and have the treating physician cb 24/7 prn using your case # for treatment consultations or if more information is needed. Provided case #.

May we have your consent for follow-up to be completed with you in the future should any additional questions arise? yes
May we leave a voice mail message if you are not able to answer our follow-up call? yes
* * * * * * * * * * * * * * * * * * *
Jul 10 2018 8:37AM
CB from patient. She was seen at ED. Her eye was flushed, and she was given saline to continue rinsing at home. She was diagnosed with a chemical burn. She will see an ophthalmologist later today. She ok'd additional follow up. Reset.
* * * * * * * * * * * * * * * * * * *
Jul 12 2018 12:58PM
CB to the patient. She reports no new sxs have developed. Her current sxs are improving. She was seen by an ophthalmologist on 7/10/18 for her sxs. A pH test was completed. She was informed she should not experience any permanent damage and it will take a few days to heal. No prescriptions were prescribed. She informed the provider of product use. She does not recall a diagnosis. She was advised to return for a follow up if her sxs did not improve.

A: I thanked the caller for her time and I am glad to hear your sxs are improving. If any new or unexpected symptoms develop or the symptoms are not improving or resolving as we have discussed, please contact us 24/7 and refer to your reference number so that we can advise on further treatment or determine if referral to a health care professional might be needed. Follow up completed.

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Demographic information: Age: [redacted] Occupation (if relevant) ***Not specified***	Exposure route: ***Ocular***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***No***	Was exposure occupational? ***Yes*** If yes, days lost due to illness: ***Not specified***	Time between exposure and onset of symptoms: ***30 min or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***ER, Urgent Care or Emergent DVM***	List signs/symptoms/adverse effects ***Dermatological-Edema/Swelling*** ***Ocular-Blurred vision*** ***Ocular-Burns*** ***Ocular-Lacrimation*** ***Ocular-Ocular irritation/pain***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
2267878

Personal privacy information